

11-08-09

PATENT

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# IN THE UNITED STATES PATENT AND TRADEMARK OFFIC

In re application of: J. Isner, et al.

Application No.: 09/698,323

Group No.: 1636

Filed: October 27, 2000 Examiner: Dr. Quang Nguyen

For: COMPOSITIONS AND METHODS FOR MODULATING VASCULARIZATION

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is a Request for Reconsideration for this application.

### **STATUS**

2.	Appli	cant is
	[]	a small entity. A statement:
		[] is attached.
		was already filed.
	[X]	other than a small entity.

### **EXTENSION OF TERM**

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) – If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment

# CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. SECTION 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

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Date: November 4, 2004

#### **FACSIMILE**

[] transmitted by facsimile to the Patent and Trademark Office (703) \_\_\_\_\_\_\_.

atricia A. Barnes

Signature

Patricia A. Barnes

(type or print name of person certifying)

(Amendment Transmittal-page 1 of 4)

### FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [X] If any additional extension and/or fee is required, charge Account No. <u>04-1105</u>.

AND/OR

[X] If any additional fee for claims is required, charge Account No. 04-1105.

SIGNATURE OF PRACTITIONER

Reg. No. 40,927

Tel. No. (617) 439-4444 Fax: (617) 439-4170 / 7148

Customer No.: 21874

#465121

Robert L. Buchanan

(type or print name of practitioner)
EDWARDS & ANGELL, LLP
P. O. Box 55874, Boston, MA 02205

P.O. Address